



**HESPERIA UNIFIED SCHOOL DISTRICT**  
**Monthly Rates Effective July 1, 2018 to June 30, 2019**  
**CERTIFICATED *Employees***

<b>AETNA - HMO 2 &amp; PPO 2</b>		<b>Final Carrier Rate</b>	<b>Trust Fee</b>	<b>Total Rate</b>
<b>Active HMO / PPO - Blended Composite Rate</b>		\$1,752.45	\$6.50	<b>\$1,758.95</b>
<b>Early Retirees to age 65 HMO / PPO Blended Composite</b>		\$1,752.45	\$6.50	<b>\$1,758.95</b>
<b>COBRA - HMO / PPO Blended - 3 - Tier Rates + 2% Admin</b>	Single	\$881.59	\$6.50	<b>\$905.85</b>
	Plus 1	\$1,863.15	\$6.50	<b>\$1,907.04</b>
	Family	\$2,587.31	\$6.50	<b>\$2,645.69</b>
<b>AB528 Retirees Age 65+ w/o Medicare HMO/PPO - Blended 2 Tier Rates</b>	Single	\$2,748.83	\$6.50	<b>\$2,755.33</b>
	Plus 1	\$5,830.84	\$6.50	<b>\$5,837.34</b>
<b>Medicare COB HMO/PPO w/Medicare - 2 Tier Rates</b>	Single	\$612.33	\$6.50	<b>\$618.83</b>
	Plus 1	\$1,183.10	\$6.50	<b>\$1,189.60</b>
<b>VSP</b>				
Composite		\$18.65		<b>\$18.65</b>
Cobra - 2% Admin Fee		\$18.65		<b>\$19.02</b>
<b>DELTA DENTAL</b>				
Composite		\$120.00	\$1.25	<b>\$121.25</b>
Cobra Rate - 2% Admin Fee		\$120.00	\$1.25	<b>\$123.68</b>





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<b><i>Kaiser - Plan 1</i></b>		<b>Carrier Rates</b>	<b>Plus Adm</b>	<b>Total Rate</b>
<b>Active Employees</b>				
Composite Rate		\$1,335.43	\$6.50	\$1,341.93
<b>Early Retirees to age 65</b>				
Composite Rate		\$1,335.43	\$6.50	\$1,341.93
<b>COBRA</b>				
Composite Rate + 2% Admin		\$1,335.43	\$6.50	\$1,368.77
<b>Senior Advantage W / Medicare (A and B)</b>		\$216.19	\$6.50	\$222.69
<b>Senior Advantage W / Medicare (B only)</b>		\$528.19	\$6.50	\$534.69
<b>AB528 - w/o Medicare over 65</b>	Single	\$1,196.97	\$6.50	\$1,203.47
2 - Tier Rates	Plus 1	\$2,393.94	\$6.50	\$2,400.44
<b>Mixed Medicare Family Rates</b>				
<b>FOR Early Retiree</b>				
<b>Active (only when disabled)</b>				
Sub w/ Medicare		\$216.19	\$6.50	\$222.69
Sub w/ Medicare + Spouse w/o Medicare		\$216.19	\$6.50	\$222.69
Sub w/o Medicare + Spouse w/ Medicare		\$1,546.33	\$6.50	\$1,552.83
Sub w/ Medicare + Spouse w/ Medicare		\$427.09	\$6.50	\$433.59
Sub w/ Medicare + Child w/o Medicare		\$216.19	\$6.50	\$222.69
Sub w/ Medicare + Children w/o Medicare		\$216.19	\$6.50	\$222.69
Sub w/ Medicare + Spouse w/ Medicare + Child(ren) w/o Medicare		\$427.09	\$6.50	\$433.59
Sub w/ Medicare + Spouse w/o Medicare + Child(ren) w/o Medicare		\$216.19	\$6.50	\$222.69
Sub w/o Medicare + Spouse w/ Medicare + Child(ren) w/o Medicare		\$1,546.33	\$6.50	\$1,552.83

